

Exhibit A

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ROBERTS-STEVENS

0006

CERTIFICATE OF REGISTRATION



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters
 REGISTER OF COPYRIGHTS
 United States of America

FORM VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

VAU 405-251



EFFECTIVE DATE OF REGISTRATION

3 3 97
 Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1 TITLE OF THIS WORK **MY PET SPERM/BOY MEETS GIRL/MY PET EGG**
 NATURE OF THIS WORK ☒ Novelty game, toy, clothing, bedding, jewelry, paper goods, accessories, home furnishings, etc.
 PREVIOUS OR ALTERNATIVE TITLES **SAFE SEX MASCOT / Fertility Good Luck Charm**
 PUBLICATION AS A CONTRIBUTION ☒ If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work

If published in a periodical or serial give: Volume Number Issue Date On Pages

2 a NAME OF AUTHOR **Bethann Shannon**
 DATES OF BIRTH AND DEATH
 Year Born **02-25-56** Year Died
 Was this contribution to the work a "work made for hire"? ☐ Yes ☒ No
 AUTHOR'S NATIONALITY OR DOMICILE
 Name of Country **USA**
 Citizen of **USA**
 Domiciled in **Maryland, USA**
 WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
 Anonymous? ☐ Yes ☒ No
 Pseudonymous? ☐ Yes ☒ No

NOTE

NATURE OF AUTHORSHIP Check appropriate box(es). See instructions.
☒ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
☐ 2-Dimensional artwork ☒ Photograph ☐ Text
☐ Reproduction of work of art ☒ Jewelry design ☐ Architectural work
☐ Design on sheetlike material

NAME OF AUTHOR DATES OF BIRTH AND DEATH
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☐ Design on sheetlike material

3 YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases. **1997**
 DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
 Complete this information ONLY if this work has been published. Month Day Year

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.
Bethann Shannon
9005 Avintana Drive
Bethesda, Maryland 20817
 TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

APPLICATION RECEIVED
 JAN 10 3 15 97 DEC 12 1997
 ONE DEPOSIT RECEIVED
 DEC 12 1997
 TWO DEPOSITS RECEIVED
 JAN 10 3 15 97
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MORE ON BACK ☒ Complete all applicable spaces (numbers 5-6) on the reverse side of this page.
☒ See detailed instructions. ☒ Sign the form at line 8.

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 Page 1 of 2 pages

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ROBERTS-STEVENS

007

EXAMINED BY <u>WLS</u>	FORM VA
CHECKED BY <u>/</u>	
<input checked="" type="checkbox"/> CORRESPONDENCE	FOR
Yes	COPYRIGHT
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	ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼a. ☐ This is the first published edition of a work previously registered in unpublished form.b. ☐ This is the first application submitted by this author as copyright claimant.c. ☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

NA

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt./City/State/ZIP ▼

Bethann Shannon
9005 Quintana Drive
Bethesda, MD. 20817

Area Code and Telephone Number ▶ 301-365-7387/202-483-7454

Be sure to
give your
daytime phone
numberCERTIFICATION* I, the undersigned, hereby certify that I am the
check only one ▼☒ author☐ other copyright claimant☐ owner of exclusive right(s)☐ authorized agent of

Name of author or other copyright claimant, or owner of exclusive right(s) &

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

BETHANN SHANNON

Date ▶ 1-27-97

Handwritten signature (X) ▼

Bethann Shannon

Mail
certificate
to:Certificate
will be
mailed in
window
envelopeName ▼
Bethann Shannon
Number/Street/Apt. ▼
9005 Quintana Drive
City/State/ZIP ▼
Bethesda, MD 20817

1. Complete all necessary spaces
2. Sign your application in space 8
3. Pay the fee
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*17 U.S.C. § 506(b): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 405, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

March 1995-300.000 PRINTED ON RECYCLED PAPER

U.S. GOVERNMENT PRINTING OFFICE: 1995-367-251/41

Exhibit B

